

## ISSUE SHEET STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		
O.I.P.E. CLASSIFIER		12	10/20/87
FORMALITY REVIEW	Dm	2223	10/09/87

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Cancelled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/12/87
2	✓	✓	10/12/87
3	✓	✓	10/12/87
4	✓	✓	10/12/87
5	✓	✓	10/12/87
6	✓	✓	10/12/87
7	✓	✓	10/12/87
8	✓	✓	10/12/87
9	✓	✓	10/12/87
10	✓	✓	10/12/87
11	✓	✓	10/12/87
12	✓	✓	10/12/87
13	✓	✓	10/12/87
14	✓	✓	10/12/87
15	✓	✓	10/12/87
16	✓	✓	10/12/87
17	✓	✓	10/12/87
18	✓	✓	10/12/87
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20	✓	✓	10/12/87
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25	✓	✓	10/12/87
26	✓	✓	10/12/87
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28	✓	✓	10/12/87
29	✓	✓	10/12/87
30	✓	✓	10/12/87
31	✓	✓	10/12/87
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36	✓	✓	10/12/87
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38	✓	✓	10/12/87
39	✓	✓	10/12/87
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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